DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

March 28, 1988

ALL-COUNTY LETTER NO. 88-31

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: AID TO FAMILIES WITH DEPENDENT CHILDREN HOMELESS
ASSISTANCE REPORTING SYSTEM

REFERENCE: ALL-COUNTY LETTER NO'S 88-04 AND 87-163 AND
ALL-COUNTY INFORMATION NOTICE NO. I-04-88

As you learned through a message sent by electronic mail (SYSM)
on January 29, 1988, the Aid to Families with Dependent Children
(AFDC) Homeless Assistance regulations (MPP 44-211.5) went into
effect on February 1, 1988.

We have developed a data reporting system which is to be used to
report statistics regarding Homeless Assistance. A camera-ready
copy of the report form (No. CA237 HA AFDC-Homeless Assistance
Program Monthly Statistical Report) is attached and should be
used to report data immediately.

The effective date of this reporting system is February 1, 1988.
Therefore, the first report month is February 1988. This report
is due to the Statistical Services Section by the eighth working
day of the month following the report month.

Because of the late date this letter reached you, the initial due
date (March 11, 1988) is waived, and the first report is due as
soon as data can be provided. However, please make every effort
to ensure that the first report is submitted by April 4, 1988.

If you have any questions, please call Levy St. Mary of the
Statistical Services Section at (916) 445-2135 or ATSS 485-2135.

For DENNIS J. BOYLE
Deputy Director

Attachment

cc: CWDA

AID TO FAMILIES WITH DEPENDENT CHILDREN —
HOMELESS ASSISTANCE PROGRAM
MONTHLY STATISTICAL REPORT

SEND ONE COPY TO:

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES
744 P STREET   MAIL STATION 19-81
SACRAMENTO, CALIFORNIA 95814

COUNTY	COUNTY CODE	STATE USE
FOR MONTH OF	MONTH	YEAR

PART A. REQUESTS FOR HOMELESS ASSISTANCE

	TEMPORARY (1)	PERMANENT (2)	TOTAL (3)
1. Pending from prior month (Item 5 last month or explain)			01
2. Received during month	02	03	04
3. Total on hand for the month			05
4. Disposed of during month (Equals sum of cells 09 + 12)			06
a. Total approved	07	08	09
b. Total denied	10	11	12
5. Pending at end of month (Equals Cell 05 — Cell 06)			13

PART B. TEMPORARY SHELTER INFORMATION

6. Total number of days authorized for temporary shelter requests approved during the month (Cell 07)	14		
7. Number of cases granted temporary shelter based on apparent eligibility but subsequently found ineligible	15		

PART C. NET EXPENDITURES

8. Net expenditures (Equals sum of Cells 17 + 18)			16
a. Temporary shelter case expenditures	17		
b. Permanent shelter case expenditures		18	

PART D. SPECIAL INFORMATION

9. Number of requests received from new applicants (Versus current recipients)			19
10. Number of requests approved for new applicants (Versus current recipients)			20

(To be used only upon instructions from SDSS)

REPORT PREPARED BY	TELEPHONE	DATE

CA 237 HA (3-88)

AID TO ᴀMILIES WITH DEPENDENT ᴄHILDREN—
HOMELESS ASSISTANCE PROGRAM
MONTHLY STATISTICAL REPORT

This report shall cover county activities relating to the processing of requests for homeless assistance during the report **month**. Each county shall prepare one original copy to be submitted to SDSS by the **8th working day** of the month following the report month.

GENERAL INSTRUCTIONS: *For Parts A, B and 1), a request is any expression of need for homeless assistance, temporary or permanent, by an applicant or recipient. Do not include requests for continuation payments of temporary shelter.*

PART A. REQUESTS FOR HOMELESS ASSISTANCE

Item 1   Indicate the number of requests pending a determination as of the last day of the report month. (Should be equal to item 5 of the last month or an explanation is required.)

Item 2   Give the total number of requests received during the report month. (For temporary and permanent shelter.)

Item 3   Indicate the total number of requests available for processing during the report month. (Should equal the sum of items 1 + 2 (Cell 01 + Cell 04))

Item 4   Give the total number of requests processed during the report month. (Should equal the sum of items 4.a. Col. 3 + 4.b. Col. 3 (Cell 09 + Cell 12))

Item 4.a.   Give the total number of requests approved during the month. (Cell 09 should equal the sum of Cells 07 + 08)

Item 4.b.   Indicate the number of requests denied. (Cell 12 should equal the sum of Cells 10 + 11)

Item 5   Indicate the number of requests pending at the end of the report month.

PART B. TEMPORARY SHELTER INFORMATION

Item 6   For requests approved during this report month, provide the total number of days authorized for temporary shelter only.

Item 7   Give the number of **apparently eligible** cases granted temporary shelter based on presumptive eligibility but subsequently found to be ineligible.

PART C. NET EXPENDITURES (Actual dollars issued for approved requests) during the report month

Item 8   Indicate total net expenditures. (Equals the sum of Items 8.a. Col. 1 + 8.b. Col. 2)

Item 8.a.   Give the total expenditures for temporary shelter cases.

Item 8.b.   Give the total expenditures for permanent shelter cases.

PART D. SPECIAL INFORMATION

Item 9   Indicate the number of requests received from new applicants (persons receiving no aid) as opposed to recipients currently receiving AFDC benefits.

Item 10   Indicate the number of requests approved for new applicants as opposed to approved cases for current recipients.

NOTE: For Items 9 and 10; to be eligible for permanent shelter, one has to be determined eligible for AFDC benefits.

NOTE: Items 9 and 10 are temporary data items needed for management information. These items will be deleted from this report within the first year of implementation.